

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Kila

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS

State Index No. 177

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 782

Local Registrar No. _____

No. 903 Rose Road

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Granada

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY

4. Twin, triplet or other _____

6. Legitimate?

7. Date

of birth

Month

Day

Year

Female

In event of plural births.

5. No., in order of birth _____

yesAug 16 1926

8.

FATHER

Full name

Refugio Granada

14.

MOTHER

Full maiden name

Jesús Bazaure

9. Residence

(Usual place of abode)

Miami, Arizona

15. Residence

(Usual place of abode)

Miami Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Mexican11. Age at last birthday 33 (Years)

16. Color or race

Mexican17. Age at last birthday 35 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Uricón
Arizona

13. Occupation

Nature of Industry

Miner
Copper

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5(b) Born alive but now dead 2(c) Stillborn 2

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn.)at 804 m. on the date above stated

Signature

H. J. Miller
(Physician or midwife)

Address

Miami, Arizona

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Filed Aug 17, 1926C. E. Trin
Local Registrar.

Filed _____, 19____

Registrar

County Registrar.

476-816-105

In case of death, a separate return must be made for each, and the order of birth stated.